

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/939479</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51	1					
2				1			52		1				
3			1				53		2				
4				1			54		1				
5			1				55	1					
6				1			56		1				
7				1			57		2				
8				1			58	1					
9				1			59		1				
10				1			60		2				
11				1			61		2				
12				1			62		1				
13				1			63						
14				3			64						
15				1			65						
16				2			66						
17				2			67						
18				3			68						
19				1			69						
20				3			70						
21				3			71						
22				3			72						
23				3			73						
24				3			74						
25				3			75						
26				1			76						
27				1			77						
28			1				78						
29				1			79						
30				1			80						
31			1				81						
32				1			82						
33			1				83						
34				1			84						
35				2			85						
36				2			86						
37			1				87						
38				1			88						
39			1				89						
40				1			90						
41				2			91						
42				1			92						
43			1				93						
44				1			94						
45			1				95						
46				1			96						
47				2			97						
48			1				98						
49				1			99						
50				2			100						
TOTAL IND.			14				TOTAL IND.	14					
TOTAL DEP.			75				TOTAL DEP.	75					
TOTAL CLAIMS			89				TOTAL CLAIMS	89					